

Valley Veterinary Hospital
1780 Ygnacio Valley Road
Walnut Creek, CA 94598
(925) 932-2420

BOARDING RELEASE FORM

Date: _____

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

Telephone:

Weight: _____

Vaccinations:
DHLPP ANNUAL VACCINE
BORDETELLA VACCINE
RABIES 3 YR VACCINE
LYME ANNUAL VACCINE
HEARTWORM TEST (DOG)
OVA & PARASITES (T805)
HEALTH CARE PLAN RENEWAL

Due Date:

I hereby assume all responsibility and costs incurred to my pet while I am out of town or if an emergency occurs.

AUTHORIZATION FOR TREATMENT (Please check one)

1. Anything deemed necessary by the veterinarian _____
2. Anything deemed necessary by the veterinarian, not to exceed \$ _____ amount _____
3. Owner to be called with estimate for procedures recommended by veterinarian prior to any treatment _____ Quoted: _____

Continuous presence of qualified personnel may not be provided.

CHECK OUT TIME IS NOON

Date Signature of Owner/Agent of Owner Emergency phone

Estimated pick-up day: _____ Time: _____ AM _____ PM

Rx: _____
Diet: G M L S Sp _____
SID BID LEAVE OUT
DRY WET MIX

Walk at \$5 per day _____

Special Instructions: